

THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR.

VOL. 6. OAKLAND, CAL., JUNE, 1885. No. 6.

ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. When you want to begin a paragraph at a given word, place before it in your MS. the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications, subscriptions, etc., to H. T. WEBSTER, M. D., Editor CALIFORNIA MEDICAL JOURNAL, OAKLAND, CALIFORNIA.

VALEDICTORY.

BY H. B. MEHRMANN, M. D.

GENTLEMEN OF THE FACULTY, FELLOW STUDENTS, LADIES AND
GENTLEMEN:

Once more the California Medical College sends forth her young—not so very young in age—grown up to a considerable age in the theory, at least, if not in the practice of medicine. Men have longed, have prayed day by day, for the opportunity of going forth into the world to seek their fortunes in foreign climes, in strange lands and among strange peoples; but, when the time came for them to depart and take leave of absence from their friends and loved ones, it was in every instance with a feeling of sadness and regret. Just such are the feelings of those who, after attending a number of years at college, and having the good fortune of receiving their diplomas, must then go out into the world with a stern and cruel people to contend with. 'Tis true, towards the close of our final year, we often sigh and exclaim that we would be happy had we already passed through the ordeal. And why? Simply because not one of us can say with impunity that we do not fear the time when we shall either, to use a college phrase, go hence with colors flying or be

plucked and be compelled to seek our homes, in which case there would be weeping, wailing and gnashing of teeth.

Enough; it will not do to look at the gloomy side of the picture, else some of those whom we leave behind us might become melancholy and despondent and seek a watery grave in a tub of belladonna.

Suffice it to say that henceforth we can no longer suckle the breasts, as we did in our infancy of medicine, of that venerable old lady, our *alma mater*. In the future we shall not be able to call upon one of our kind professors, as citizens call upon a judge to prove or disprove a fact in issue or controversy among us.

Still, all such considerations do not cause us to falter or hesitate for one moment. We go, firm and resolute, resolved that with the teaching already received from our benefactors, together with the practical knowledge we shall receive from practice, by continuous labor, hard study and zealous co-operation, we will be enabled to earn for ourselves a name, an eminence, truly enviable.

Where is the profession, trade or calling *greater, nobler* than that of the physician? Name the man more frequently sought for than the doctor; kings, the old, the young, the rich, the poor, it matters not who it is, he or she must upon many occasions call in the assistance of that universal soother and consoler, the physician—he who is always willing to comply when summoned. It is of little consequence to him what the state of the weather is, his own conveniences, yea even his health which he may jeopardize; but at all times and at all hours he hastens to the bedside of others, in order that he may relieve the sufferings of those in distress.

It must be said to our credit that we graduate from an Eclectic institution. You may ask, why so? because it is the only school of medicine that leads men to perfect success. The word, “eclectic,” in itself, as we are all well aware, signifies *to choose*. We not only choose, but we select the best.

Hence, men educated in such a school, brought up to such principles, with a code of ethics permitting them to purloin a

medicinal agent, it matters not where it comes from or whose it is, must necessarily succeed in their profession.

Eclecticism is rapidly progressing and advancing to the front, and it remains but a matter of time when it shall take the lead. She is the youngest school of medicine; and yet, see the progress she has made, the success she has met with, although laboring under difficulties and with all the disadvantages in the world to guard against.

Notwithstanding, Eclectics remained true to their course, laboring diligently, zealously; and soon their reward began to come home, increasing gradually and surely, until, at the present day, there is a well-recognized and highly honored school of medicine. All this because she is liberal, and yet not so much so that she might be censured. Her code of ethics is as good and reliable as can be adhered to; but these laws do not bind physicians to travel in a poorly prepared and well-trampled groove, thereby compelling them to become old fogies and a hobby-ridden class of human beings, who, although being in what is termed a free country, are continually on the pin's point of anxiety with the thought that were they to do so and so, they would be ostracized by their school, which means exile for life. It does not say to its constituents "ye shall not consult or communicate with those who are not of your own school of medicine." It does not say, with a pomp and grandeur entirely unbecoming it, "Look down upon all others as being far inferior to your own dear self; permit selfishness and bigotry with as little knowledge as you can possibly get along with reign supreme within thy precious small brain. You have these certain few remedies, which you need but place in different proportions and involve in different vehicles and fire at all who apply to you, in a shotgun-prescription-like manner. They are good remedies and will do the work, consequently you need not rack your encephalon for others."

Thus says that great organ termed the old-school, Allopathic, or, as it is prone to call itself, the Regular school of medicine. It is "regular" in one sense of the word; really, the most *regular* party I have ever met with in salivating poor, suffering humanity. What does all this mean? It simply goes to prove

to you that on the one hand we have a body of men, endowed by the creator with all the average facilities of mankind, permitting themselves to be governed by an ignominious law, and who know themselves to be incapacitated to meet in consultation with any other men than those who know no more than themselves.

On the other hand, we have a body of men, Eclectics, educated to fear neither the living nor the dead; but, who go out into the world from college, fearlessly and confident that they are equipped with sufficient ammunition to stand the fire of consultation from Allopaths, Homeopaths, Hydropaths and all other *paths*. Men who look upon all others who have a thorough knowledge of medicine and the proper qualifications, as equal to themselves, prejudiced against none but those prejudiced against them; men who know that the older they get the more they must learn; men who know and admit that when they leave their *alma mater*, and forever after, they have not got the entire science of medicine and the art of surgery in a nut shell, and can bid defiance to all the world.

There was a time when the old school of medicine was monarch of all it surveyed; but members of it, soon dissatisfied and seeing the errors of their ways, sought means whereby to rectify them, and, as a result, Eclectics are now invading the sacred dominions of that clan, revolutionizing the fields in terror bound by the fossils of the old school fraternity—hamlet, villiage and city are now hailing with delight the advance of Eclecticism.

Now, gentlemen, of the faculty, a few words to you. You have lectured to us day after day for three long years; permit me in behalf of the class of '85 to lecture to you for as many moments. We are not able to thank you in a manner in which we desire, permit us to do the best we can. You have worked extremely hard with us, have overlooked all our faults and made every effort to correct us. You have by constant drilling and recapitulation given us to understand the *modus operandi* of the profession; you have taken great care to instill into our sometimes incomprehensive brains the principles of medicine; you

have taught us the method in which to become successful practitioners.

At times, when all seemed dark before our minds' eyes and everything appeared to us as impossible, your smiling countenance would appear before us in the amphitheatre giving us renewed vigor and strength like the falling drops of rain to the withering plants, and with your wise teachings dispel from our minds every visible trace of doubt, almost making us feel as if we could at that very moment perform that particular operation, or treat that particular disease with as much skill as the most learned in the land.

We have, at times, though probably endeavoring to do the best we could, taxed your patience to its fullest extent, and still you did not permit your store of it to become exhausted, but labored all the more untiringly. Permit me to say to you—(I know our jovial Prof. Maclean will say he is giving us “*saccharum lactis taffy crudem*”) but where there is truth there is no flattery—as gentlemen of the faculty of the California Medical College, as teachers of medicine, you can seldom be equaled and never excelled. That is one possession at least that our alma mater can boast of—her faculty is composed of the best in the land.

Our college, with such a body of qualified men to propel her along over the breakers, upon her unstained career, even though all her many other good qualities were discarded, must necessarily prosper in the future as she has done thus far in the past and present. And now, gentleman, we must leave you, having passed satisfactory examinations, you honor us with that long looked for document, our diploma. We take it as we would a wife, for better or for worse.

If we do not, after all your endeavors, make good practitioners, it will not be owing to any fault of yours, but to nature, who failed to intend us for such. I can assure you, however, with our sincere thanks, that as a class, as physicians and surgeons, you will never have reasons to feel the slightest regret for having taught us that which we know.

And now, fellow graduates, a few words to you, and I'll bore our kind friends no longer. We start out to-day upon our career, which may be pleasant and profitable for us, or perhaps extremely bitter. At all events we can not hope that our paths shall be strewn with flowers, and our possessions become fabulous. The fact is, that physicians, as a rule, do not abound in this world's goods. They are somewhat like editors, who are seldom possessed of more than one suit; if possessed of a second one, then the second one is surely a libel suit. Physicians fortunate enough to have two, then the one is in all probabilities a suit for malpractice. Still, we can all, if we understand ourselves, as I think we do, make a very respectable living and do considerable good to those lucky enough to fall into our hands. We must forcibly bear in mind that our work really begins in place of being at an end. In order that we may be respected and looked upon as men of worth in the communities in which we shall unfurl our colors to the four winds of heaven, we must work to our utmost ability, and with a will, making it a pleasure to ourselves, so that our headway will be in accordance with the times. We must, for the balance of our natural lives, remember that it is an Eclectic's duty to push forward with such vigor as will cause the old antedelvians to reel upon their shaky pinions. We must, with all the powers available, assist our school of medicine to blow her little horn so forcibly, that its vibrations will spread over the land, to be heard with fear and trembling by all those sailing under false colors. It's a rough road that has no turning, and if the rocky road we are traveling to Dublin does not turn, then the Arkansaw traveler was correct in saying that he never saw a road fork.

This state of affairs, however, will not last. We have come to our destiny and it now remains with our own ingenuity in applying our knowledge to the best advantage in order that we may achieve that success for which we are destined.

Gentlemn of the faculty, thanking you once more, we bid you a final farewell.

LONDON LETTER.

LONDON, ENGLAND, April 17, 1875.

H. T. WEBSTER, M. D.:

DEAR FRIEND: The early part of this month, I, with my wife, Miss P. and Mrs. V. (the last mentioned lady is my worthy mother-in-law, and the most prominent character in our party), departed from New York City for London. The morning was not the pleasantest, for there was a drizzling rain that gave to the great American city a woeful appearance; but, as an offset to the dreary exterior, the sitting and dining-room of our boat, were decorated with the most beautiful flowers. It was one rainbow of colors. Crowds gathered to see us away, not to see me away, but many a Quixote bade farewell to his Dulcinea. Friend parted from friend, and as our boat pushed away from the wharf a loud huzzah went up from the shore and ship. Good-bye John, good-bye Julia, good-bye Eliza—and soon we were steaming away into the Atlantic.

During the hustle and bustle of sailors and passengers, and while I was arranging my baggage in my state rooms, the boat became turned about so that when I gained the deck, I concluded if it would keep on in its present course, that we would go up the Hudson; but soon the little spot of land faded into a speck, and the speck sank into the waters, and I blessed America and my heart was sad.

I see by referring to my memorandum that I dieted on soft food. The same was well chewed. I made up my mind that if vis-a-tergo should follow the repast, my œsophagus would not suffer. Our boat was an English boat, and nearly all the passengers were English. They thought the weather was *awfully nawsty*. I became acquainted with Mr. Bennett of Leeds, England. He wished to sit near me at table, so I had his number come near mine. During the trip, while I was very ill, this same Mr. Bennett made numerous suggestions upon what I should eat, when the very thought of food was agonizing. I also formed the acquaintance of Mr. and Mrs. Ayers of New York City, and I related to them the most harrowing bear stories

and glowing deer stories. How a friend in California shot two tame fawns, and how in his excitement, he mistook a fleeing wild cat for a deer. I had an object in relating these various incidents of camp life; for when we are greatly interested in a conversation we forget our immediate sufferings, (I was suffering). I was relating how my friend C. awoke about midnight, and in strong language urged the mosquitoes to cease their operations until morning, when I experienced a terrible weakness near my sternum, an œsophageal zephyr was the forerunner of a coming storm, I made all haste to my rooms. I sped; stair cases went by me, stewards and stewardesses, sailors and passengers were left behind. They marveled at my haste. I turned a corner, and my state room was only four feet away. I struck the wash-basin. A campaign then began that lasted three days. Mrs. C., Mrs. P. and Mrs. V. joined me. Our state rooms were opposite, and our conjoined war whoops, shook the iron rafters.

The third day I left my state room, but I again returned to it in double quick time, and looked earnestly into a semi-spherical receptacle. From thence on, myself and friends recovered, until at last we could promenade upon the upper deck—read, write and enjoy ourselves in various ways.

It was a sickening experience to feel every few seconds that the ocean is leaving you, and that your proper place is in the heavens. One afternoon an Englishman and myself pitched rings. I beat him the only game we played. It pleased me, and I smiled while I dined. The next morning we played again, I did not smile any more. I see by referring to my memorandum that the ocean was slightly rough while crossing the forty's. If one should lie perfectly straight he would be thrown quite violently, first against the inside of the room, and then the outer edge of the bunk. One night I was tossed in this manner until my sides were sorely tried. I clung to a long base bar above my head, but finally the horizontal bar act became monotonous, and I placed myself in a letter V position. In this way I slept the remainder of the night. Some friend in the next state-room sang "Life on the Ocean Wave," and "Home on the Rolling Deep," "The Jolly Tar," etc.; the salt air agreed with him,

and he was too well pleased with life. I gave him my blessing and soon fell asleep. I had the pleasure of seeing that same man suffering from lumbago and a bad cough the very next day.

I will not tire you with a description of the endless ocean, the now and then vessels whose masts appeared to protrude from the water, the music we enjoyed, our excellent table, our pleasant conversations, The American imitation of the English, and the English imitation of the Yankees, and card playing, all caused our voyage to be so pleasurable that we almost wished it were twice as long. The morning before we arrived in Liverpool, we came in sight of Cape Clear, the first land we had seen for seven days. All of the forenoon we were in sight of land. High rocks guarded the coast. Beyond the rocks, close together, were little houses and fields. Light-houses could also be seen towering above all. We also saw numerous islands.

At 11 A. M. we arrived at Queenstown, a tug came out to meet us, and take the passengers ashore. A man was selling newspapers. I asked how much they were; he replied, six-pence. I handed him a shilling, he took it and disappeared into the crowd on our steamer, without giving me change. I did not follow him, but stood near the passage-way between our steamer and the tug. I soon saw my man walking for the tug, collared him and said a six-pence my man. He had never seen me before, but nevertheless he paid me my six-pence. A few passengers left us at Queenstown. That day we met a fleet under full sail going down to Cork to do honor to the Prince of Wales. We arrived in Liverpool next morning in a fog. We got off very pleasantly with the custom house officers and had our baggage moved to the Midland station, on which road we proceeded to London. The Midland route probably has the finest scenery in all England. We went through the famous Derby.

One, unless he has been in England, cannot realize what beautiful fields it possesses. Every acre is ready for cultivation. It is as smooth as a lawn. Stone fences and hedges divide the country into small fields, and it looks very much like a colossal flower garden. But that very garden, so beautiful to the eye,

grows such wonderful productions, that by it, one part of England's people are kept in humility and poverty, and the other in arrogance and opulence.

The railroad trains are different from those in America, for that which is one long apartment in America is here divided into three or four. Each apartment will carry six passengers, there being two seat that extend across the car facing each other. The door is locked and you are a prisoner until you arrive at the next station. I thought while buzzing over the road at the rate of sixty miles per hour (the trains go at great speed) that life was very uncertain.

A point regarding baggage. No check. You may get a certificate. I got one, but after I arrived in London it was a question in my mind whether I would ever see my baggage again or not. After one-half hour of trouble I obtained it. Now about London. What do I think of it? It is a mighty city. For it has been the home of some of the most remarkable characters in history—both from a political and literary standpoint. And when we gaze at St. Paul's Cathedral and Westminster Abbey, we don't look at them alone as beautiful edifices where religious services are being held, but as towering monuments to mark the graves of gigantic intellects.

WESTMINSTER ABBEY.

It would be a difficult and almost impossible task to attempt to describe in detail this wonderful building. It is about the oldest building in London. William the Conqueror having been crowned there, as have also nearly all the English Kings from his time down to the present. I have above inferred that in St. Paul's Cathedral and Westminster Abbey were the remains of some of the greatest and grandest intellects, but I did not state that in the Abbey rested the remains of the vilest monarchs, lying under the same roof. On first entering the Abbey one is impressed greatly by the apparent measureless height of the building, which, rounded off into domes, appears almost misty. At every turn niches are to be seen, occupied by the most beautiful statuary.

ST. PAUL'S CATHEDRAL.

This most massive edifice has required the continuous labor of thirty-five years to make its completion. It is surrounded by a large yard, which contains the choicest flowers, fountains, and the most beautiful rustic elevations of rock and shrubbery. On entering the Cathedral the dome and arches present an appearance somewhat similar to that of Westminster Abbey. At the right, upon entering, the most striking object that meets our view is a life-size bronze figure of the Duke of Wellington. He is represented as lying on a couch, surrounded by twelve Corinthian marble pillars supporting an arched canopy of marble, innumerable figures and designs being cut therein. Every niche in the building is embellished by some beautiful statue. I noticed that all of these marble figures, with the exception of one or two, were erected at the public expense, and these exceptions were put up by Her Majesty, the Queen.

LONDON BRIDGE.

Every few days, when visiting Guys Hospital, I have the pleasure of examining this structure in detail. At first one would not consider it to be anything more than an ordinary bridge—and if it were not from a historic point of view, it would not attract special notice from anyone, except one thing of great interest connected with it, which is its immense traffic. Horses, wagons, and people are seen swarming by the hundreds. By standing near its large stone wall you can see in five minutes all phases of society. Poverty, wealth, the sick, the well, the erect, and the crippled, passing by like a panorama. Looking over the great wall down in the direction of the mouth of the Thames one may see large steamers, and above and below are barges and tugboats. The barges are numerous, about the size of a small schooner, and are guided or propelled by one man—of course bargemen take advantage of the tide. The Great Tower is easily seen from the bridge, and also the great fire monument.

To conclude, friend Webster, I would state that nothing that we have ever read can give us a correct knowledge of this famous city. It being, in fact, the result of numerous villages coales-

cing. The streets are as crooked as one could wish to see, and most are very narrow. There are hundreds of alleys—and in many of these alleys is poverty that we cannot see where the Stars and Stripes wave. Yesterday I walked through what they call the Seven Dials, from the fact that seven streets, or rather alleys, radiate from one point. And in these alleys there is not only poverty and ignorance, but there are physical infirmities. The skin is broken out in sores—little children's eyes are closed up—and as well as these mental and physical depravities, it is said that if a gentleman should attempt to walk alone through these alleys in the night, with a few shillings in his pocket, it would be hazardous to his shillings and his life. In my next letter I will talk about the surgeons I have met, and a few other matters.

D. D. CROWLEY, M. D.

A CASE OF FRACTURE OF THE OS CALCIS.

BY H. T. WEBSTER, M. D.

Most authorities concur in the statement that fracture of the calcaneum is an accident of rare occurrence. Howe, in his "Fractures and Dislocations," cites one case which came under his observation, the result of a blow from the end of a falling bar of iron. Hamilton, in his work on "Fractures and Dislocations," refers to the experience of others, without mentioning his own; therefore, it is fair to infer that he, at that writing, had seen no cases of the kind.

A variety of causes have been concerned in the cases on record. Direct violence, from force imparted by projectiles, as in the case of Professor Howe, above referred, to or when a person falls or jumps from a height and strikes violently upon the heel, may be brought to bear. Muscular contraction may also produce it. Malgaigne collected eight cases which were the result of muscular action, as in jumping upon the toes, the posterior portion of the bone being thus subjected to great tension by the tendo Achillis. Mr. Cooper mentions two cases produced when the patients were making violent efforts to sustain themselves when falling. (Hamilton.)

In the form of fracture resulting from falls upon the heel, the fibula is usually broken and the ankle dislocated, thus very much complicating the injury; but, when muscular action alone is the exciting cause, the lesion is usually limited to the separation of a portion of the calcaneum.

Authorities differ materially as regards the amount of displacement to which the separated fragment is liable. It is asserted by some that it may be dragged upward several inches by contraction of the muscles of the calf. Others declare that the separation is not nearly so marked. In all probability, where the injury is the result of direct violence, less displacement will occur than when it is the result of muscular contraction.

A few months ago I was called in consultation with Doctor Stockham, an old practitioner of Oakland, to see a lady patient had sustained an injury of the ankle, supposably a dislocation, though her physician had not then seen her. The Doctor called at my office with his carriage, and we went together to the patient's bedside. On the way, I learned that she had been under his almost continuous professional charge for nearly two years; that she had, prior to coming into his hands, been for a long time almost constantly bedridden; but, since, had recuperated, and, through proper regimen and judicious medication, had become quite robust, taking long walks daily, until, with an improving appetite and a vigorous digestion, her weight had increased to about one hundred and seventy-five pounds, much of it being from muscular development.

On arrival, we found the right foot presenting much the appearance represented by Fig. 1. It was flexed, there was severe pain about the ankle, which was increased upon motion, and the power of extending the foot was lost. With the patient under the influence of an anæsthetic, we learned that the ankle sustained its proper relations with the tibia and fibula, but, by passing the finger along the heel, a marked depression existed over the usual prominence of the calcaneum, up to a sharp subcutaneous, bony projection, in the posterior median line nearly as high as the malleoli. A portion of the os calcis had evidently parted from the main body of the bone and was drawn upward an inch or more by the tendo Achillis.

The history of the case presented the following suggestive points: In early life, the patient had been the subject of caries of the heel bone, which had existed for a number of years, the point of exit for the carious discharge still being marked by small, circular scars. This had probably left a honey-combed condition of the bone which predisposed to the accident. This occurred after taking a bath, while stepping over the side of the tub, while the weight of the entire body was resting on the toes of the injured member, the forward pose restrained by the tendo Achillis. The fragment separated with a loud report, and the patient felt, as she described it, "as though her foot were sinking through the bottom of the tub." She was immediately afterwards precipitated to the floor.

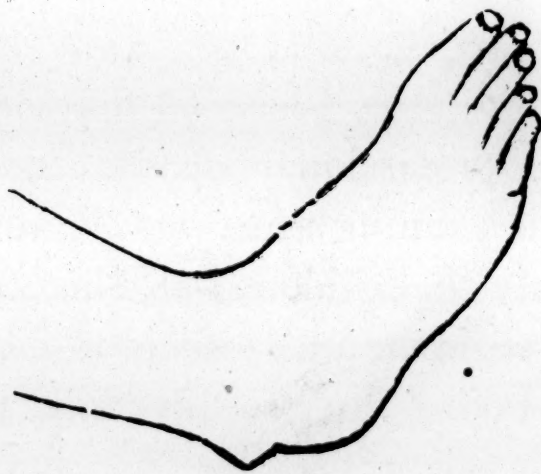


Fig. 1.

An unpleasant feature of the case was an irritability of the muscles, which provoked severe twinges of pain by spasmodic twitching. This was controlled, in a measure, by enveloping the foot, ankle, leg and thigh in a roller bandage and administering an opiate. This, with the application of two side splints, to maintain extension and quietude of the part, constituted the treatment at the first visit, until arrangements could be made for a permanent dressing.

This was applied the following day, and consisted of two splints of sole leather, the material having been saturated with water, hammered to render it firm, bent to the proper shape and dried. Fig. 2 is a fair representation of the splints *in situ*; though the posterior splint is represented as applied rather high, and the opening to relieve the bearing on the heel rather large.

The anterior splint served the purpose of maintaining a fixed extension, thus approximating the fragments by elevating the lower one while the muscles of the calf were compressed by a bandage and the tendo Achillis, with the upper fragment, thus steadied. With this arrangement the fragments were brought near together, though there was little probability of bony union, as the amount of reparative material thrown out from such small portions of bone is usually inadequate to the bridging over of any important chasm.

The splints were well padded and retained with a roller bandage, and the case progressed fairly well, but an unpleasant feature of the dressing was a great amount of pain caused by the posterior splint. I am convinced now that no splint should be



Fig. 2.

used over the heel, for the pain occasioned thereby is not the only objection. Pressure upon the tendo Achillis immediately above the point of fracture will tend to tilt the lower surface of the fragment outward and thus displace it.

The dressing adopted by Prof. Howe in his case consisted of adhesive strips, applied so as to cover the entire foot and ankle; then, over this covering, two long strips were attached by their lower ends to the top of the instep, and down over each side of the foot and around to the sole, where they crossed and were brought upward along the side of the calf, the strips being snugly adjusted. This plan might serve a good purpose when there was little separation of the bones or when no great amount of force was required to maintain extension or where it was not necessary

that this position be carried to its fullest extent; but it would necessarily involve more than the ordinary dexterity in application, while the best of adhesive plaster is not always at the elbow of the country practitioner.

The plans advocated by Hamilton and some other surgical writers possess the objection of exposing the heel, a very sensitive part in this condition, to pressure. The slipper dressing of Monroe, consisting of a slipper with a ring in the heel for the attachment of a tape to be connected with a band encircling the thigh to produce extension of the foot, in common with flexion of the leg, does not seem feasible, as more or less motion would be liable to result at frequent periods, while the sensitive part would be subjected to continual pressure. The dressing of Lonsdale, con-

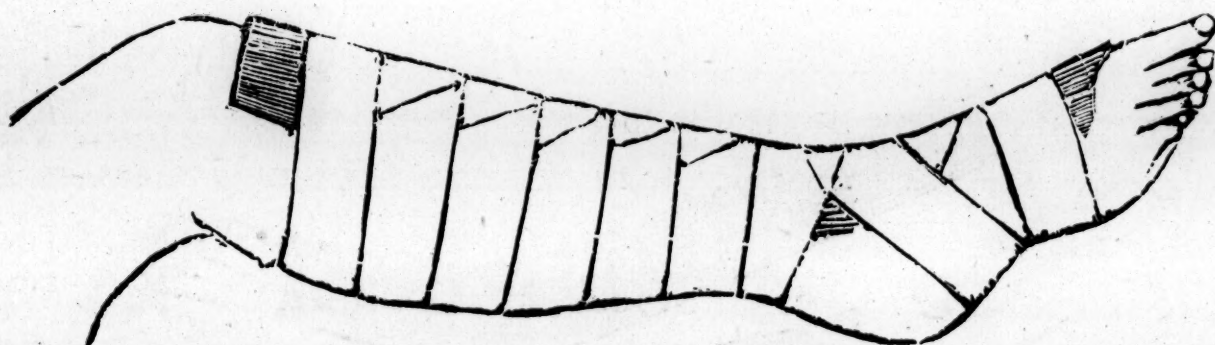


Fig. 3.

sisting of a splint adapted to the posterior surface of the calf, its inferior extremity affording attachment to the heel of a slipper, would obviate the former of these objections, but not the latter.

The dressing which I would recommend from my very limited experience with this injury would be a single splint extending along the shin and instep to the toes, padded and firmly secured by a roller bandage. The material might be firm sole leather, tin, gutta percha or carved wood. The roller should be applied so as to avoid pressure on the heel or tendo Achillis near the point of fracture. In order to accomplish this loops or projections should be provided on the splint over the instep to prevent the bandage from slipping.

Figure 3 is the result of an attempt to delineate this plan of dressing.

In complicated cases, where the fibula or the internal maleo-

lus is also fractured, we cannot expect so simple a dressing to succeed. The ingenuity of the surgeon will here find full scope.

Since writing the above, I find that Gross, in his surgical work, entertains precisely the same views and that I have unconsciously placed myself beside an illustrious authority in expressing these opinions.

The patient referred to in this article is able to use the foot in a measure, though she still walks on crutches. The union is ligamentous but a useful foot is promised by the present outlook now, something over three months since the accident.

HAMAMELIS VIRGINICA.

BY A. W. BIXBY, M. D., WATSONVILLE, CAL.

This is a therapeutic agent which possesses a singular capacity to accomplish desirable results in a wide range of application, *i.e.*, in a singularity of condition, in a wide range of localities, and developed concurrently with many differently named diseases.

Its special affinity is for mucous and cellular tissues. When said tissues become devitalized, engorged, and hypertrophied, this agent acts especially in causing their restoration. From the uniform results obtained in certain circulatory lesions, we conclude, that this agent imparts to, or arouses energy of a more or less permanent character of, the vaso-motor nerves.

Just how or through what special channel hamamelis performs its work of restoration is somewhat difficult of solution; but probably by energizing the entire sympathetic ganglia.

It is avowed by scientists that solar heat is an essential agent directly or indirectly in energizing all organic germs, that they may develop and maintain their growth. Perchance no one, philosopher or scientist, can satisfactorily explain just *how* this silent, subtle agent performs its most potent work; yet its essentiality is incontrovertible. In all such cases the ultimatum of explanation can only be, "It is a result innate in creation."

So it may well be said of hamamelis in the world of therapeutics; while we may be unable to explain its exact *modus operandi*, the experimental and critical observer has no difficulty

in demonstrating most brilliant results in its rectifying certain morbid conditions of the human economy.

Hamamelis Virginica is a splendid remedy in all chronic diseases of the mucous membrane, characterized by enfeebled circulation of affected part, capillary and venous congestion, and mucous or muco-purulent discharge.

It is of small importance as to the locality of the morbidity so the diagnosis has been made with definiteness as to the pathological condition. It may be situated in the nasal cavity, mouth, pharynx, larynx, bronchi, stomach, intestinal tract, bladder, vagina or uterus, and hamamelis will not only benefit but will be the most important agent in effecting a permanent restoration.

UTERINE HEMORRHAGE.

In a practice extending over several years, I have seldom used any agent save that of hamamelis for the controlment of uterine hemorrhage—used no other *because* this has proven to be a sovereign remedy therefor, its effects many times being marvelous.

It matters little whether the uterine flux is a catamenial menorrhagia or is the sequela of abortion, miscarriage or parturition, the same prompt, desirable results ensue upon its administration. I always administer it at the conclusion of labor—have done so in about two hundred cases. It never fails to prevent any undue flow. My faith in it is so positive that I say to my patient: "This will prevent any serious or fatal flow." Have given it in several cases of profuse flooding resulting from abortion or miscarriage.

The effect has been prompt and decisive and the control of the hemorrhage certain in every case. I consider it superior and preferable to ergot in all such cases—very much so, because:

- 1st. It is much pleasanter to the taste.
- 2d. It gives a feeling of tonicity and strength to the entire system.
- 3d. It does not aggravate uterine contractions and the consequent pains, but it antagonizes such contractions and pains.
- 4th. It is more certain and positive in its action.

IN TYPHOID FEVER.

In epistaxis and hemorrhage from stomach and bowels during

a course of typhoid fever, hamamelis is a splendid remedy. It is also excellent in controlling a severe or profuse diarrhoea in such cases.

VARICOSE VEINS OR ULCERS.

Used internally, perhaps also locally, in said conditions, much benefit will be derived therefrom. If oedema exists in connection with varicose veins or ulcers, apocynum cannabinum should be associated with the hamamelis, thus:

℞ Hamamelis Vir., ℥i;
Apocynum can., 3ij;
Aqua dist., q. s., ℥ii.

Sig. Teaspoonful every three or four hours.

IN HEMORRHOIDS.

In hemorrhoids even of chronic standing, much benefit will be obtained by its use, and often a permanent cure effected by the hamamelis alone. In most cases, if united with *small* doses of nux vomica, the result will be more certain and satisfactory. In bad cases, I use, in addition to the internal medication spoken of, the following ointment:

℞ Cosmolini pura, ℥j;
Acet. morph., gr. xx;
Acidi tannici, 3j.

M. Sig. Apply to affected parts two or three times a day.

Keep bowels soluble with some mild aperient. If this treatment fails, I believe surgical means, so-called, must be resorted to, to effect a permanent cure.

IN FEMALE TROUBLES.

In chronic metritis, cervicitis, ovaritis, vaginitis, said organs and tissues being engorged, pelvic tissues in general partaking of this capillary congestion, and the abdomen being flabby and pendulous, I find hamamelis a special remedy, and rapid improvement following its administration.

DOSE.—I administer 15 to 30 minims every three to four hours, in chronic cases; in acute cases or hemorrhage, 30 to 60 minims at short intervals till the conditions or hemorrhage is controlled, then at longer intervals as required.

Formerly I used the ordinary fluid extract, which is of a dark color and makes a dirty looking mixture, and is not very pleasant to the taste. I now use a colorless fluid invariably, which is aromatic and pleasant to the taste. I select Thorp & Lloyd's specific tincture or the distilled extract.

I claim that a physician's success depends as much upon the character of the preparation selected as the name of the drug from which it is manufactured. Hence I select with great care.

OVARIAN DYSPEPSIA.

BY O. A. PALMER, M. D.

This form of dyspepsia is a reflex disorder, as much as is vomiting in pregnancy. I have been studying a few cases of this disease for a short time, and find that they are of no little interest.

The first case gave the following history: "I am 38 years old; the mother of three children; have never been very strong; had rheumatism when I was twelve years old and never fully recovered from it; I can tell when there is going to be a storm by the aching in my flesh and bones; menstruation scanty and followed by severe headache." On inspection, the abdomen is nearly normal; the right ovarian region very tender on pressure; palpation does not disclose any enlargement; the uterus nearly normal; pressure on right ovary causes sickness of the stomach; has thrown up the food for three weeks. She is now looking anemic and has lost much flesh; many kinds of food cause great distress in the stomach; rest relieves the trouble to some extent. Often there is a sickening and burning pain in the right ovarian region, which is a pathognomonic sign of irritation of the ovary.

This case has received much treatment for the stomach. All said that they could cure, but she did not get any better. I thought that if they had been familiar with Dr. Frothergill's writings they would have determined the cause of this lady's dyspepsia. The Doctor says: "All who have seen much of practice are familiar with these trying cases, which seem to go on unaffected by remedial measures, until the malady seems to wear itself out; to be succeeded by a long and tedious convalescence.

It would seem that at last the condition of mal-nutrition starves down the congested ovary till it ceases to set up and send out those perturbative nerve-currents which excite the gastric disturbance. Then the stomach settles down and resumes its ordinary duties once more without disorder. The case lingers on, unrelieved, because its real pathology is not recognized. The stomach is treated, and not the ovary. The gastric disturbance is not primary, but reflex. Its causation must be comprehended and the treatment directed accordingly, and the improvement will follow."

In chronic digestive disorders of women, especially those who are advanced in their menstrual life, there will often be found a hyperæmia of one or both of the ovaries which will have to be relieved before the gastric affection will yield. Ovarian irritation may be caused by any habits that derange the circulation, and cause innervation of the generative organs.

Vaginal injections of cold water or ice water once or twice a day will ease the trouble. The sudden arrest of a leucorrhœal discharge by astringent injections is a fertile source of this affection. Ladies that are confined to the house very much and are but little in the open air are often affected with ovarian irritation.

In diagnosing a case of dyspepsia in a woman that is near or passing through the climacteric, ovarian irritation should be thought of. We should not promise too much from treatment, as it is not always an easy matter to relieve the ovarian disorder. In treating this disease, I always think of macrotys in small doses. It will do fine work, if the rest of the treatment is properly managed. The patient should rest and be much in the open air. There is nothing that so relieves an over-excited or hyperæmic condition of the female sexual system as being out of doors. I have used counter irritation with good results. Hot applications over the ovary often relieve. Belladonna, atropia, liliun tigrinum, val. zinc, are all good remedies, when indicated.

I have found atropia a very fine remedy when there is some pain and an uneasy condition of the ovary and pelvic organs that prevent sleep. One grain of the third trt. on going to bed is generally all that is needed. The dose may be repeated in one or two hours, if the first dose does not give the desired sleep. If the ovarian irritation is of long standing, it may be hard to relieve the condition of the parts as much as we would like.

TRACHOMA.

BY LYMAN WATKINS, M. D.

The term Trachoma is derived from the Greek word, *Trakus*, (rough), and is, therefore, used to designate a disease of the conjunctiva, characterized by a morbid roughening of this membrane. The names granular ophthalmia, granular conjunctivitis, and granulated "sore eyes," have also been given to this disease. That the so-called granulations, giving rise to the above names, are not granulations at all, is now generally admitted by the profession.

Trachoma is simply a hypertrophy and abnormal proliferation of natural structures; an enlargement of the follicles and papillæ of the conjunctiva, by inflammatory processes. Although occurring under all sanitary conditions, the deliterious effects of bad sanitation make themselves felt in this disease as in others; cleanliness is in fact an essential element in its cure. Neither age nor race afford immunity from its attacks, although some races, the Irish and Jewish, are said to be more susceptible, while it is claimed the Negro is least affected. Trachoma is contagious when accompanied by a yellowish discharge from the conjunctiva, and although, one attack of this disease is thought to protect the individual from another, there is yet much doubt on that point. Owing to its contagiousness, the same toilet articles should not be used by others, especially the same towel. Males are more frequently affected than females. Marching in hot, dry climates, exposed to sandy winds, are a prolific cause of trachoma. Modified by exacerbations, the disease continues for years, and is difficult to cure. The sequelæ of this disease are many and grave, and are very obdurate under treatment. The following course of treatment, which is a combination of old and new methods, has given rather better clinical results, than any heretofore adopted. There is usually a bad state of general health which must be corrected, and constitutional treatment is generally, although not always, necessary. The remedies applied to the trachomatous lids are: R Acid Boracici, grs. v; aquae rosae, ℥i. R Hydrargyri

oxidi flavi grs. v; vaselin 3i. and the *lapis divinus*.

A gentle stream of the boracic solution is daily passed under the closed lids for a few minutes, the syringe is placed in the outer angle of the eye, the solution passes through and runs down upon the side of the nose where the patient receives it upon a napkin, a few drops of the solution is also dropped into the eye occasionally through the day. Every evening a small portion of the yellow oxide sale about the size of a wheat grain is put into the eye. About every second or third day, depending upon the severity of the case, the lids are penciled with blue-stone, as follows: first evert the lids and pass the pencil quickly over the granulations, then brush the lids with a small camel-hair brush dipped in water to dilute the application and modify the pain and smarting.

This plan of treatment has been very satisfactory and will give much less disappointment than the old way. For those inveterate cases with which we occasionally meet, scraping the growths from the lids with a scalpel has been suggested. But this has not been generally followed, on account of the extreme painfulness of the operation. This operation is a good one, and as we can now make it a painless one by anæsthetizing the eye with a solution of cocaine, it will doubtless be more frequently resorted to when cases requiring such extreme measures occur.

TREATMENT OF ENLARGED PROSTATE.

EDITOR OF THE CALIFORNIA MEDICAL JOURNAL:

SIR: In the early part of April I received a letter from my friend, Dexter Witter, M. D., of Rio Dell, Humboldt County, California, in which he refers to his painful experience with enlarged prostate.

The Doctor has been a good deal of a pioneer in medicine and has done a great deal of riding on horseback. I thought it would be interesting to the younger physicians to see how the earlier Eclectics prescribed for their cases. Men who graduated in our school before the advent of sugar-coated and gelatin-coated pills, capsules, spec. medicines, elixirs, etc., etc., gave largely of herb teas and sweetened decoctions; and, as I have seen, my-

self, many times, if these doses were large and sometimes anything but toothsome, frequently they were remarkably successful.

I obtained the Doctor's permission to state his method of treatment, giving such extracts from his letter, as dealt with the subject.

JOHN FEARN.

RIO DELL, April 7, 1885.

DR. FEARN:

DEAR SIR: I see in the April number of the CALIFORNIA MEDICAL JOURNAL an article by Dr. Pierce on the subject of enlarged prostate. I have been a sufferer with that difficulty for years. It was brought on at first by horseback riding. For a period of twenty years I was in the saddle every day until I had to give up. For the last four years it seemed as though I had tried every remedy I could hear of, but all to no avail, and I had rather cross the last river than suffer again as I have done.

The treatment which has proved so successful of late is as follows; Every morning and also every evening I sit down in a tub of water as warm as I can bear, and remain in the bath for ten minutes. Once a day, and that in the morning, syringe the bowels with warm soda water. I then began to use a medicine prepared as follows:

R Boxwood bark;
Squaw vine;
Trailing arbutus;
Queen of the meadow;
Beth root;
Parsley root aa 2 oz.;
Mandrake root, 1 oz.;
Bicarb. soda, 2 oz.;

Water, 3 qts., to be poured on boiling.

Steep, but not boil, for one and a half hours, strain and add 8 oz. of gin. S. Wineglassful 3 times a day before eating.

The first dose gave me relief, and I am improving every day. At the present writing I feel very little of it.

ADHERENT PLACENTA AND LACERATED PERINEUM

BY CARRIE F. YOUNG, M. D.

Mrs. —; primipara; aged 29; duration of labor eleven hours; excessively fat, hence considerable inertia of uterus; pains irregular and of limited duration; point of greatest suffering on the right side of the abdomen. I gave:

R Piper methysticum, gtts. i;
Aqua pura, 3x.

M. S. Teaspoonful each ten minutes.

The period of rest advanced from five to seven minutes, then to ten. presently all sharpness and anguish of pain ceased, while the *contractions* continued with increased force. We placed hot fomentation over the perineum, gave a lobelia enema to the rectum and placed bottles of hot water to the feet. By turns we amused and encouraged her.

The presentation was L. O. P., *i.e.*, occipit to left sacro-iliac synchondrosis. Proof.—The part first touched by the finger was the right parietal bone and large fontanelle at the right acetabulum, having followed the sagittal suture in that direction. The mechanism following decent—rotation should have been all the way round to the pubes, but in this case the the occipit rotated to the sacrum, imperfect flexion, a narrow pubic arch, and masculine shape of sacrum, combined to bring about this result. The progress was very slow and unsatisfactory. One hour there was a face presentation without progress.

I had no one to send for help and utilized the time in watching and thinking. By upward pressure on the forehead and two fingers in the rectum to coax the occipit down, a change was made, and labor advanced.

At this stage a new complication developed. My left hand upon the abdomen discovered a spasmodic struggle of the child, and then all was still, now the perineum was enormously distended. We had hoped to protect it from laceration, but it became a question of choice between a living child and a lacerated perineum, or a dead child and perineum preserved. The little woman quickly said: "Cut or tear—do anything necessary to

give me my living child." Now, the first time we instructed her to hold her breath and bear down with the uterine contraction, while we endeavored to ease up the pressure towards the raphe of the perineum, but we both felt and heard the crackling of the tissues as the child's head was expelled—forehead, nose and chin squarely under the pubic arch. Restitution, and the shoulders the same instant followed; but alas! the little one was blue and still with the funis once and a half around the right arm and once and a half around the neck. Lifting upwards, flexing the limp little body towards the mothers abdomen, the funis was quickly released, the mouth and nostrils and throat cleared while successful measures were taken to resuscitate the child. Then the cord was separated, the feet delivered and the babe given to the nurse. Perhaps two or three minutes had passed.

An attendant, under previous instruction, had given the mother a stimulating hot drink; tucked the blankets closer. Each limb was already wrapped in hot blankets and bottles of hot water renewed at the feet. Thus the chill of reaction was avoided.

The patient was loosing considerable blood. One hour before the child was born we had commenced the use of:

R Ustilago maidis qts. x;
Aqua pura $\frac{3}{4}$ iv.

M. S. Teaspoonful each fifteen minutes as a precaution against hemorrhage.

We waited ten minutes gently manipulating the abdomen and continued the ustilago maidis. Crede's method of expression, —the shock of an unexpected application of a cloth wet in ice-water—coughing, all failed to excite expulsion of the placenta, by contraction of the uterus. Finally we introduced the prepared hand and found the placenta firmly adherent just below the right Fallopian tube. Around it were spouting points. These were closed by pressure. Then commenced a careful, slow series of efforts to insinuate the ends of the fingers around and under the place of adhesion.

The impression left upon me was that a space 1 x 2 inches had

to be saturated with warm blood before it could be detached. The tissues at that point were hard and rough. Finally it yielded and was delivered one hour after the birth of the child, and forty-five minutes after the introduction of the hand.

The clots were removed; a hot intra-uterine douche of carbolyzed water 20 per cent., used to wash it clean. In the meantime the husband came home. I sent him for Dr. Webster, (unfortunately I had not even a needle) to sew up the

LACERATED PERINEUM.

The whole depth of the perineal triangle clear to the rectum was involved. In length the laceration extended from the posterior commissure of the vulva to the edge of the sphincter ani. The parts were sponged with a 20 per cent. solution of carbolyzed water.

The *fat*, white and clean, measured three-fourths of an inch in thickness. Adipose tissue forms a good cushion, but it will not stretch. Three deep interrupted sutures held the parts in perfect apposition; these were covered by a soft antiseptically prepared bit of cloth, over this a wider and longer cloth extending three to four inches into the vagina in close apposition to the posterior wall—as well as we could the end of this cloth funnel being passed into and under the circular rugae—thus securing a channel for drainage *over* the stitches without wetting them!

These were changed each hour. Sometimes bits of absorbent cotton were placed between the two cloths. The limbs were tied together. She was instructed to be perfectly passive and consent to be turned on her face over a hospital bed-pan for purposes of micturation and to displace any accumulation of clots. Owing to the swollen condition of the urethra a catheter was contraindicated. Wet compresses were placed under the bandage over the abdomen and across the back and changed three times each twenty-four hours.

The mammary glands were kept wet and warm three weeks in advance and two weeks after the confinement. On examination of the placenta, one of the cornu was missing. This was passed with the lochial discharge on the third day. We placed the patient on:

R Chlorate of potash, gr. v;
Aqua pura, ℥iv.

M. S. A teaspoonful each hour when awake.

A putrid odor was perceptible only twelve hours; in that time the carbolized, intra-uterine wash was used four times. We followed chlorate of potash with sulphite of soda. Eight days she had fluid foods. Graham flour, milk gruel—well-cooked, salted to taste and milk added in the bowl—was eaten. All the water she desired to drink on the eighth day, dry, gem toast and a soft boiled egg; after that a generous diet minus everything known to disagree with or likely to disturb her.

Once in twenty-four hours during this time, the bowels were cooled by a copious enema of tepid soft water; the small amount of fecal matter by that means was discharged in solution, without any perceptible upward pressure against the tender perineal tissues.

The lacerated surfaces united by first intention. The sutures might have been removed on the fifth or sixth day, but were purposely allowed to remain until the eleventh. Until the twelfth day, all her movements were carefully guarded, that the weakened tissues might be perfected.

The recovery was satisfactory to all parties concerned.

**EXTRACT FROM FACULTY ADDRESS DELIVERED AT
THE GRADUATING EXERCISES OF THE CALI-
FORNIA MEDICAL COLLEGE,
APRIL 28, 1885.**

BY H. T. WEBSTER, M. D.

Success in medical practice, in this day of a crowded profession, depends upon the inexorable law of "the survival of the fittest;" and this has an application in a variety of ways.

A medical education is certainly an essential to success, for though the ignorant charlatan may possess a secret which will enable him to excel in some particular case, he is a failure on an average, from lack of a knowledge of the structure and functions of the body and the agents which properly influence them, while in surgical and obstetrical emergencies, ignorance of anat-

omy puts him at a decided disadvantage beside the educated physician.

But a medical education is by no means all that is requisite to success. The brightest light of the graduating class often fails in making his professional life a success, while the acknowledged dullard coins a fortune by the combination of a little medical knowledge with shrewdness and tact.

People are, many of them, captured by an alluring bait. An appearance of prosperity is often accepted for the genuine article; and a few hundred dollars judiciously invested in equipage, office furniture and apparel, even though the possessor's bank account become exhausted, may be one of the best investments for the beginner in practice.

So also, we may say of an appearance of wisdom. The man of much knowledge may finally expose a weak point if given to volubility, while the taciturn person of meager attainments who says little and is careful to restrain his opinions, may pass for one of more than ordinary worth; his mysterious reserve apparently concealing a great amount of untold wisdom. Many men are practicing medicine who enjoy the credit of a vast amount of knowledge who cannot spell common English words correctly; yet who, through holding their tongues, to use a homely phrase, people suppose to be very learned.

It is not necessary however, to be ignorant in order to appear learned. The man of knowledge may keep a silent tongue in his head. There is no excuse for ignorance in these days in any one, much less in the physician. The word Doctor literally signifies Teacher, and the physician should be qualified to be one in good sooth; not a mere dispenser of medicaments and manipulator for morbid conditions. People are prone to the supposition that the studies of a physician lead him widely into the domain of general science; and indeed the collaterals of medicine when thoroughly canvassed afford fruitful sources of information. The physician should not prove unworthy of the confidence thus placed in him. He should strive to qualify himself to be truly a man of learning, one capable of being a leading spirit in any congregation of literary or scientific people. Thus the profession may be elevated and kept above the calling of a

mere trade, to which some advocates of legislative tolerance have compared it.

A prating, babbling physician is the abhorrence of most people. They prefer some closer confessional for the intrusting of their private affairs.

Genius is a commodity at present very much below par as an aid in achieving success in practice. Usually the man who starts out in life depending on inborn genius for recognition from a bustling world, will be wearing some one's cast off clothing before he is thirty years of age. The best genius is a laudable ambition and a will to strive for its fulfillment.

Personal beauty is another natural gift thrown away upon entering the profession of medicine. Bill Nye says: "The pretty young man has really but one avenue open before him in the world's great race. If he cannot mash a tough old heiress whose father has got the pip, he has very little chance in the mighty struggle of life." "If my son," says he, "should show any signs of great physical beauty, having taken them from his mother's side of the house, I would immediately hump my back ready to bear a great burden; for, judging from the world's history, his father-in-law and I would have to take a turn about in maintaining the young man and his cumulative family."

To you of the graduating class I offer these suggestions as a few of the many points to be considered in beginning practice. It would require a volume outside the regular studies here allotted you, to cover what you must add to your medical education to be successful. Much of this your own discrimination will teach you at the proper time. Be wise as serpents and harmless as doves. In your intercourse with the profession you are aware that you occupy a peculiar position. The tenets of your faith demand of you a liberal and just respect for all medical faith founded upon scholarly and earnest efforts for the true light. No matter of what school a medical gentleman may be if he be a gentleman in the true sense of the word, and entitled to ordinary respect as an inquiring physician, you should extend to him the right hand of fellowship, and observe toward him the principles involved in the Golden Rule. But there is a class of egotists and bigots who are bound by an iron-

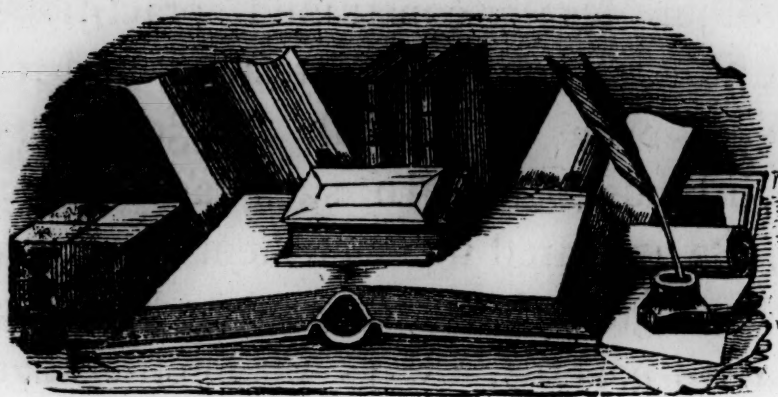
clad oath; men who style themselves regulars, though no more regular than other legally-constituted practitioners, who will make it a rule to treat you with disrespect and rob you of your

Errata.—The present number was proof read but the revise was not all corrected; therefore the reader will please make allowance for a number of typographical errors. The following special corrections should be made.

The amount of *ustilago maidis* in the prescription on page 266 should be *gtt. x*. The article "Clinical Material for Hire", should be credited to "H." in *Eclectic Med. Jour.*

There is another bound to uphold. The pretending advertising imposter who professes to perform impossibilities for the purpose of fleecing an unsuspecting public, is not entitled to the respect or support of any physician. Such men are vampires, and association with them only tends to bring an associate down to their level.





EDITORIAL.

One of the Regular M. D's.—Regularity counts for much in the medical profession. To be regular means to be above all quackery; to be above associating with any of the irregular ilk; to uphold the honor and dignity of the profession by “letting your light shine,” etc. The American Medical Association with its asinine journal full of stupidity, ungrammaticisms and obtuseness, its straight jacket code and damfoolery generally would fain impress this on the public as the sole importance of its existence. The truth is that regular medicine, so-called, numbers two to one of the medical rascals of the country. For the very good reason, if nothing else, that the entire number is far more numerous. After all, in spite of codes of ethics, the selfishness of men will out. The code of the American Medical Association is simply an excuse for certain medical men to act with irregulars, the impulses which prompt them to act with all medical men and make the best of every opportunity to replenish their own pockets.

But to the point. The San Francisco *Post*, of recent date, contains the exposure of an M. D. of the “regular” persuasion, who has been devoting his attention to the producing of abortion for the last twenty years, in San Jose, according to his own statement, and who has recently established a hospital in San Francisco for the purpose of carrying on his specialty. The doctor also had agents commissioned to procure subjects for him at a premium of twenty-five per cent.

The reporter visited him in his place of business and representing himself as a man in trouble, artfully drew from him a complete confession showing that he is reaping, and has been for years, an immense revenue from this business. And all the while a member in good standing in the Santa Clara County Medical Society (Regular).

Honor to Whom Honor is Due.—The *Health and Home*, a popular health publication, of Washington, D. C., seems to have been, recently, running amuck against the American College, of St. Louis, or, perhaps, we had better put it that the *American Medical Journal*, and *Health and Home*, have had a little misunderstanding.

This is an affair with which we would not meddle were we not somewhat implicated. As the case now exists we feel called upon to rise and explain as a matter of justice.

In the April issue of *Health and Home*, under the title, "Diplomas refused recognition," appears the following:

We learn that the diplomas of the American Medical College, of St. Louis, are refused recognition by both Allopathic and Eclectic State Boards of Health; hence, in California, Alabama, West Virginia and, possibly, in many other States, its sheepskins are worthless. The Dean of this college, in his inordinate greed for money, has overstepped the bounds of decorum, professional etiquette, and even legal restraint. He, a short time ago, played the snake in the grass to have reputable physicians expelled from the National Association; and numerous members of his faculty *conspired* to overthrow a rival college, just as though their college possessed all the brains in the country, and they succeeded in their nefarious work. Such an act partakes of the iniquities of the inquisition, when the works of the best writers were consigned to the flames. It is scarcely conceivable that such an offshoot of the Dark Ages could exist to-day. We are pleased, however, that this college is dying, and before many months pass we will hear of it no more.

So far as the recognition of the diplomas of the American College in California is concerned, we wish it understood that they are at par with the best Eclectic school east of the Rockies, and are accepted without question as a rule. On one occasion a student who had attended at our college graduated there in one term and he was refused a license at his first application,

from the belief that he had not attended a term here, but at a second trial he proved that at divers times a full term had been attended, and his license was granted. At the time of the first attempt, we rather unkindly criticised the American, though, then we believed that nothing but fair and honorable intentions were held by the granting college. We thought, however, that tickets should have been demanded, as we furnish every full course student with them.

In no other case has a diploma from that institution been questioned, and we believe the faculty of the American Medical College numbers some able and promising men, and the institution will compare favorably with any of its age in the thoroughness of its curriculum and the ability of its instructors. No, the diplomas of the American Medical College are not refused recognition in California.

As regards the balance of the charges, we have little to say, as we conclude Prof. Pitzer is quite able to take up the cudgel for his own defense. However, we may remark that probably the reputable physicians who were expelled from the National were the Holes, both very pleasant men and neighbors, but men who showed little respect for their professional brethren when they issued a bombastic circular setting forth the height of their own attainments, and professing to do what could not be done. Eclectics as a rule are satisfied with the justice of that act. Dr. J. M. Hole was well acquainted with the fact that advertising Eclectics would not be tolerated in the National, for he was the most active partisan of Filkins in the trial which ended at a previous meeting in expulsion, for the same offense.

The college referred to was probably Fields'. Of the private history of the disagreement between these colleges we know nothing, but the doings of the Field College are on record, and almost any disinterested party will say it killed itself.

Medical Advertising.—The era of successful medical advertising is passing away. The public, so readily gulled by impossible promises, usually, has been gradually opening its eyes to the fact that these promises are never fulfilled, and a frequent repetition of experience with bogus sure-cures has taught many an one a valuable lesson.

The advertising business is getting to be overdone also. The rational mind inquires how it is that so many cancer and consumption curers exist and so few cases recover. The daily papers are crowded with advertisements of Dr. Blowhard Dr. Surecure, Dr. Guarantee, and these are headed with cuts of the advertising parties, usually illustrating beefy-necked, retreating forehead, putty-faced specimens, in which cheek is more prominent than brain.

People are beginning to realize the inconsistency of traveling doctors, and to inquire why able men should be traveling about the country when they ought to find plenty to do at home?

The Special Meeting of the Society.—The special meeting of the State Society was not in the respect of its calling a decided success. It will be recollected that a year ago last March we published a letter from Dr. A. W. Bixby, advocating the changing of the time of the State meeting from December to about the time of the Commencement of the California Medical College.

Acting upon this suggestion largely, the proper steps were taken at the December meeting of last year to appoint a special meeting to be held at the time aforesaid. As for the physicians of San Francisco, Oakland, and neighboring places, there was no special object in the change, except to encourage country members to a better attendance at the State Society.

A few of our members from the country turned out, but a number that should have been there were absent. Conspicuous for his absence was the proposer of the scheme.

The meeting was not a failure in point of interest. The few who attended were apparently satisfied with the results, though the changing of the time of the State meeting will probably be postponed for a long time to come. Evidently December air is better calculated to enthuse our physicians than that of April.

A Cheek Simply Sublime.—The physician in dealing with the public often has crosses to bear which make him weary and disgusted with the profession of his choice, but sometimes the tables are turned and an afflicted public has the worst part of the bargain.

Not long since a lady who has been much afflicted, and who has suffered much from doctors, getting no better very fast, called upon the writer for professional attention, and during her illness recounted some of her trials with a discarded medical attendant. The medical gentleman made it a point, as soon as a slight acquaintance would warrant it, to invite himself to dinner almost every day. He made it a point to be present about the right time, and as the aroma of coffee floated around he would sniff once or thrice and remark: "My, but that smells good. I guess *I* can drink a cup of coffee." This hint the patient could not overlook for a time, and the consequences were the physician was fed as well as well-paid, for the family being able, he made from four to five visits per day, charging for each one and receiving his pay.

At length the fellow's impudence culminated. The waiting girl having occasion one day to enter the lady's bath-room, she unexpectedly came upon our hero *en dishabille* drawing a bath for his humble self, which he proposed to appropriate without a yes, no, or thank you.

The reason for this move, as was afterward explained by one of his own school, (we will remark in parenthesis that he was not an Eclectic, thank the Lord,) was that he was too stingy to buy coal to warm his own boiler.

This was the last straw that broke the camel's back. It is something of a compliment to have a man invite himself to eat your victuals, for it is a commendation to your gastronomical taste, but when he scrubs his porcine hide in your bath tub without an invitation it is time to invite him to take a walk, and that is what the lady did.

Graduating Exercises.—The sixth graduating exercises of the California Medical College were held in the College Hall at 4 P. M., April 28, 1885.

Five graduates were awarded diplomas whose names are as follows: Clara M. Freeman, Henry B. Mehrmann, Charles S. Clark, Frank P. Mitchell, and Reginald E. McDonald.

The exercises were rather informal, no printed invitations having been issued, and only members of the profession, students and a few of the personal friends of the graduates being present.

The Faculty address was delivered by H. T. Webster, and the valedictory by Henry B. Mehrmann. These appear in our pages.

The summer term will begin the first Monday in June, and will offer superior advantages in many respects to those contemplating medical study.

Cactus Grandiflorus in Cystic Irritation.—We desire to call the attention of our readers to this particular use of this agent.

In some obstinate cases of which we are knowing, it has done remarkably good service. And this, when some of our best accredited remedies have failed.

The dose should be small, not more than a dilution of the third decimal.

A New Patch on an Old Pair of Breeches.—The Scriptures enjoin us not to put new wine into old bottles, but the American Medical Association has, without taking heed to this ancient and very solid advice, patched up its code with the following resolutions:

1. Resolved, That clause first of Art. IV, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. Resolved, that it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them. On the contrary, to meet the emergencies caused by disease or accident, and to give a helping hand to the distressed without

unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

N. S. DAVIS, of Chicago,
A. Y. P. GARNETT, of Washington,
H. J. CAMPBELL, of Augusta,
AUSTIN FLINT, of New York,
J. B. MURDOCH, of Pittsburg.

It is quite patent to the superficial observer that the whole business is simply a plaster, and a surrender of the position taken at St. Paul, when delegates from the New York Society were refused recognition.

Though permitting a physician to act in a case of emergency, it still holds him liable for any consultation with an attending physician who may not be regular, and his efforts would be of little avail unless he could induce the family to dismiss him.

Oh, Editor Davis, Oh, Great Austin!

NOTES.

A five to ten per cent. solution of chloride of lime is efficacious as an injection, in persistent gleet.—*Med. World.*

Prof. Maclean has had some very interesting experience lately with a case of pelvic abscess. A written report is now in order.

The only son of Dr. C. P. Higgins, of Mountain View, has been the subject of a severe attack of chorea, but is improving at this writing.

Dr. A. S. Grubb in a late number of the *Lancet* reports a case of Bright's disease cured by caffeine in five grain doses, three times a day.

The Alumni banquet was held at Spiers & Welty's restaurant, corner of Broadway and Eleventh street, the evening of the 28th. Thirty-five persons were present.

Dr. Lyons, of Detroit, Michigan, has produced a new salt of cocaine—the hydrobromate. This salt exists in crystals and is not deliquescent.

Our May number contained two articles among the selections which were not credited. They were abstracted from the *Weekly Medical Review*. Mistakes will occur.

An operation for muscle grafting has recently been performed at Bellevue Hospital, New York, in which the muscle from a dog was transferred to the arm of a patient. Results not yet reported.

Mastomamia is one of the latest. It is the sensuality of nursing. Sympathy between the breasts and reproductive organs may afford voluptuous sensations and lead to too frequent repetition of the act of nursing, resulting in injury to both mother and child.

We are in receipt of a number of pamphlets from different official sources on the subject of means looking to the prevention of cholera by sanitation. The subject is being brought before the public in a manner to arouse attention, as it certainly should.

Dr. Hixon, in the *Eclectic Medical Journal*, reports a case of distention of the descending colon from impacted feces, where the attending physician diagnosed “*a busted spleen*.” It may further be added that he styled himself a Regular, though he never attended college. Probably he observed the code of ethics.

Rosinol is a yellow, mobile, neutral oil, containing cresylic acid, creasote, etc. It is obtained by dry distillation from resin. Resin is itself the residue from the distillation of turpentine, and consists of abiatic, acetic and succinic acids, with tary hydrocarbons. Rosinol is reputed a specific in metritis, vaginitis and kindred disorders, applied locally. Internally it is said to achieve wonderful success in gastric ulcer, in doses of one drachm, two or three times a day.—*Medical World*.

The *Medical World* offers the following formula for the cure of tapeworm: “Two drachms each of kamala and powdered gum acacia to be rubbed down into an emulsion with a little water, then add two drachms of liquid extract of male fern, with careful trituration, gradually adding water up to three ounces. Dose: half of the mixture at bedtime, the remainder four hours later.

The first dose should be taken fasting.

Bicarbonate of soda frequently acts like a charm in suppression of urine, from nephritis or other causes. A half teaspoonful given in water every three or four hours, will restore the secretion in normal quantity and in its integrity. We have no explanation to offer of this singular action, but merely state the fact as worthy of further attention. This treatment has been successful even in the presence of anasarca, convulsions, and impending coma.—*Ibid.*

We receive numerous commendatory letters relating to the JOURNAL, and publish the following, from Danbury, Conn., as a sample:

DANBURY, CONN., May 4, 1885.

H. T. WEBSTER, M. D.—DEAR SIR:—I have just stumbled over an old issue of the JOURNAL, Volume V., June, 1884, No. 6. I see by occasional marks that I have read it before. But why I did not send for it before I can not tell. Upon my word, it is the *Boss*, spelled with a big B.

Now if you still issue it, please send it along, and upon the first receipt I will remit your well earned \$1.

Respectfully,

W. A. BARNUM, M. D.

A HERMAPHRODITE.—A person calling herself by the ambiguous name of Madame Duplex de Balzac, informs the profession that she (or he) has just arrived from Europe, and “intends to exhibit herself (or himself) before any person who is anxious to enlighten himself on natural science.” Dr. William T. Lusk certifies that Mrs. Duplex de Balzac is an example of hypospadias. The generative organs are those of a male, but the general habit of the individual (and this is what makes the case an interesting one), is of the feminine type. The bones are small, the wrists and ankles are slender, the breast, the hair, the complexion, and the voice are those of a female. Dr. William M. Polk states that it is a case of true hermaphroditism.—*Medical Record.*

The editor of the *Hahnemannian Monthly* thus refers to an error in an original contribution appearing in a former number. Our readers will thus observe that we are not the only editor whose contributors occasionally suffer: “Last month, just before going to press, our printer inadvertently transferred a line from the bottom of page 209 to the bottom of page 211; so that instead of Dr. Foote, in his paper on ‘Alcoholic Beverages,’ being permitted to say, as he intended, ‘Our poor humanity sometimes degrades itself by consuming its own excrement,’ Dr. Joseph C. Guernsey, in his article on ‘Sarsaparilla,’ is made to

say: 'Our poor humanity sometimes degrades itself by consuming its kidneys and bladder.' We have had horrible nightmares of late, in which we seem to see Dr. G. coming up the street with a seven-shooter in each hand, a bowie knife between his teeth and his pockets full of dynamite bombs and cholera germs. We have given strict orders that when he calls we are 'not at home.'"

UREA NOT A CAUSE OF URÆMIA. At a recent meeting of the New York Pathological Society, Dr. Peabody took occasion to show that it would require, according to the amount of urea necessary to produce death by injection into the circulation of the dog one pound and a half of urea to produce a fatal result in man. But it had been shown that in a man of one hundred and fifty pounds' weight, dying of uræmia occurring in the course of kidney disease, the blood contained only nine one-thousandths of a pound of urea. He thought this showed very conclusively that experiments upon animals could give us little useful information as to the cause of uræmia in man. The injection into the blood of benzoate of sodium, or of sulphate of sodium, agents which were not of themselves poisonous, would likewise produce uræmic symptoms. The experiments cited went no further than to show that the injection of a certain amount of any foreign substance into the circulation would produce death; they did not show that uræmia was due to the presence of uræ in the circulation. He had seen several fatal cases in which there had been entire suppression of the urine, but none of the so-called uræmic symptoms.

STRANGULATED HERNIA—ASPIRATION—RECOVERY.—J. Leslie Allen, M. D., of Middleton, England, reports in the *British Medical Journal* of November 29, 1884, a case of an unusually large inguinal hernia which was easily reducible, but on the occasion when he was called, was found to be very much obstructed, and though he diligently applied taxis and tried all the usual accessories, enemata, fomentations, etc., yet he failed to reduce it. The hernia was of great size, filling the scrotum, and felt hard and tense. The symptoms of strangulation manifested themselves, and it was certain the patient would soon sink unless relief was soon afforded. The surgeon passed an aspirating needle and drew off the flatus, when the gut slipped back. An anodyne was administered and complete rest enjoined, and in a few days the patient recovered. Would it not be well to have recourse to this simple procedure in all cases before operating? It can do no harm if the needle be small; and should it fail, the operation could be at once undertaken.—*Fort Wayne Journal of Medical Science*.

A SELF-PERFORMED CÆSAREAN SECTION.—Dr. Guggenberg relates the following: “A woman, who had already been delivered seven times without accident, became pregnant for the eighth time. Toward the end of her pregnancy she was seized with pains, which continued regularly for a day and then ceased. They were replaced by spasmodic attacks of very violent pain, accompanied by expulsive movements and an enormous distention of the abdomen. The foetal movements ceased and the pains increased to such a degree that the patient thought she was going to die. She then seized a razor and cut through the abdominal wall in a longitudinal direction, extracting a dead child together with the placenta through the wound. At this time Dr. Guggenberg was called, but had nothing to do beyond replacing some loops of intestine and closing the wound. He concluded that there had been a partial rupture of the uterus and that the woman had removed the child through the rent, not cutting the uterine structures. The hemorrhage was at first very profuse but finally ceased spontaneously. The woman made an excellent recovery.—*Revista Internazionale di Medicina e Chirurgia*.



SELECTIONS.

SUB-INVOLUTION.

Our attention has been repeatedly called to the fact that a very large proportion of all the cases of chronic uterine disorder date from parturition. Thomas says, "compared with interference with involution, all other pathological influences become comparatively insignificant," as a cause of uterine disease.

We understand that the stimulus of gestation develops the normal uterine parenchyma by growth of existing structures and by new formation during the entire pregnant term.

Immediately after parturition has occurred, a retrograde evolution begins, which rapidly restores the uterus to its original condition, occupying a period of from forty to fifty-five days, until the womb has returned to the normal state of the non-gravid organ.

Any cause which retards or prevents this retrograde evolution, produces the condition under consideration, which is called by different authors non-involution, or arrested retrograde evolution.

The cause may be a mental shock, or non-lactation, especially abortion, or it may be that very prevalent habit of rising too soon, or too early resumption of the sexual act, or perhaps the retention of a small blood clot, or shred of membrane, or a small piece of placenta within the uterine cavity.

The difficulty is one of great frequency, quite often occurring and quite often overlooked, and its importance cannot be overestimated, whether regarded as a pathological condition or as an etiological factor, in the long train of evils which will surely follow. There is a disagreement between writers as to whether the condition is the disease or the cause of the disease. It is certain, however, that by assisting the normal involution of the uterus a long train of unpleasant symptoms can be averted. Continental

writers, however, are now very generally agreed that there is no difference whatever between the sub-involution and the disease commonly called chronic metritis. The symptoms and pathological conditions in both cases are absolutely the same.

The following symptoms will not all occur in every case, or they may not immediately occur, but are likely to develop with the development with the continuation of the disease. The patient first complains that she does not feel as well as she thinks she ought after a comparatively normal confinement, she does not regain her strength, there is languor, frequent headaches, principally on top of the head with soreness of the scalp, there is almost complete loss of appetite, general weakness and despondency. As the disease progresses, there is backache, pains throughout the pelvic region, soreness more or less severe over the fundus uteri, and perhaps over one or both ovaries, also a sensation of heaviness or weight, a dragging in the lower abdominal region, with a tendency to support the abdomen with the hands; there will probably be an excessive sanguineous discharge with leucorrhœa, bowels constipated, more or less irritation of the bladder, with perhaps an almost constant desire to urinate.

The symptoms point almost unmistakably to the womb as the seat of the disorder, and an examination per vaginam will reveal a distention of the womb, with evident engorgement. But the fact which most attracts the attention of the physician is the size of the womb; it is nearly as large as immediately subsequent to confinement and its enlargement resembles that of the pregnant condition in its uniformity. The treatment suggested must be begun immediately as the condition soon becomes chronic, and its amenability to treatment is lessened. First, absolute rest in bed must be enjoined, mental quiet, a mild, light easy digestible diet, perfect cleanliness and the use of the vaginal douche once or twice daily, a regular and normal condition of the bowels. A mild tonic, must be given, not necessarily one containing iron, unless there be anæmia, but one which will more rapidly restore a normal condition of the nutritive functions.

For a specific effect on the uterus, nothing excels ergot and bromide of potassium. The following is the formula usually ad-

ministered by the writer: Ext. Ergot Fl. 3 iv.; Potass. Bromide $\frac{3}{4}$ iiss; Aqua Dest. $\frac{3}{4}$ i; Vinum Xericum qs. $\frac{3}{4}$ iv. M Sig. Teaspoonful every three or four hours.

Electricity is a most potent adjunct, and if used in the form of the mild galvanic current will rapidly produce an amelioration of the symptoms, and if used immediately subsequent to confinement will absolutely prevent the conditions and the long train of evils which will surely follow, and will restore the womb rapidly to its normal condition.

It is the writer's positive opinion that the galvanic current judiciously administered early, will accomplish in three weeks in assisting the normal involution of the womb, what nature requires six or eight weeks to accomplish without a single untoward symptom, and is thus especially applicable to those cases where circumstances seem to force them to resume their usual tedious round of duties earlier than is beneficial to a rapid and complete natural restoration of the uterine parenchyma.—*Chicago Medical Times*.

CLINICAL MATERIAL FOR HIRE.

In India it is customary for rival missionary teachers and preachers to pay attendants upon churches and schools a liberal sum for their presence. The price of adult men is generally three cents a day, the women getting two, and children one. Some years ago there was a Baptist mission near Lahore, a Presbyterian "plant" in the suburbs, and a saltpetre works between the two. The agent of the latter, to secure as much service as possible when the product was in good demand, advanced the price of labor to four cents a day for men, and three for women, a circumstance which depleted the mission. Then the Reverend Tourtelotte, of the Presbyterian agency, bid four cents for women on Sundays, and filled his tabernacle; the Baptists then went up to five cents, and burst the saltpetre works.

The method calls to mind how the clinics have been made interesting in Chicago the past winter. In the several medical schools there has been much rivalry in the presentation of clinical material to the various classes of students. A case of stran-

gulated hernia would command from two to five dollars, the price depending somewhat on the liberality of the clinical teacher. A vagrant student who "followed the clinics" was surprised one day to hear a surgical professor in an "off college" eloquently differentiating the symptoms of colic, intussusception and strangulated hernia, and arguing why the case on the table must be the latter lesion. Chloroform was administered and the incarcerated viscus relieved by taxis in a twinkling. In closing his remarks, the great clinician triumphantly remarked that any other surgeon would have used the knife, and perhaps killed the patient. The peripatetic student had seen the very same patient at Prof. Gunn's clinic the day before and listened to almost the same observations. Having a curiosity to learn the history of the hireling, the zealous student followed the man to his lodgings and learned his method of simulating the symptoms of strangulated hernia. He, fortunately for his purse, had long been afflicted with inguinal hernia, and by practice could resist a return of the protruded mass until partly under the influence of an anæsthetic. This gave the clinicians of the city a fine opportunity to display their diagnostic, prognostic and operative skill.

A woman with a tumor of the abdominal cavity was, as gynecological subject among the colleges, enabled to occupy fashionable lodgings, and to promenade in a seal sacque. Each elegant clinician played high court to this lady, among other pathetic appeals, that she was once rich, moving in the very elite of society circles, but by pecuniary misfortunes was compelled to have a hydronephrosis treated at a free clinic. After a very learned discourse on the methods of distinguishing between the various abdominal and pelvic tumors, and exposing every region lectured upon, the teacher took up a collection in the poor woman's behalf, he heading the subscription with a trade dollar. The hat came in with a "haul" of twenty dollars. The "tony" patient dropped a pretty curtesy to the "boys" as she left the amphitheater.

At the next clinical exhibition at a rival college, the tumor was ovarian, and multicystic. The students were flattered with the expectation that they could witness laparotomy before the

end of the term—in fact within two weeks, if the patient could raise a few dollars to get her wardrobe in condition for the important operation. This hint brought in a plethoric hat that had been passed at the right moment by the professor's assistant!

Before a post-graduate class the very same woman submitted to the gynæcic circle of examinations and explorations; but the reporter does not know the worth of the "chips" cast into the contribution box. It was estimated that at least fifty dollars was bagged by the fair and frail sister.

At one college a clinical circus is run twice a week; and the janitor asserted that they kept two or three runners to drum up clinical material. After select cases had been utilized at one institution, they were, for a consideration, turned over to whatever clinical teacher would pay the most for them.

A similar traffic is carried on every season in New York and Philadelphia, but the business is not conducted so methodically as in the flourishing city where Mrs. O'Leary's cow kicked the lantern that kindled the flame that lit the fire that burnt the town that in physical development beats the evolution of Jonah's gourd.—H. in *Eclectic Medical Court*.

LEVIS' METALLIC SPLINTS.

FROM AN ARTICLE BY R. J. LEVIS, M. D.

Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital.

The correct nature and mechanism of the ordinary form of fracture of the lower end of the radius is now, after much controversy, generally admitted and properly comprehended. With this proper understanding the indications of treatment become rational and decisive.

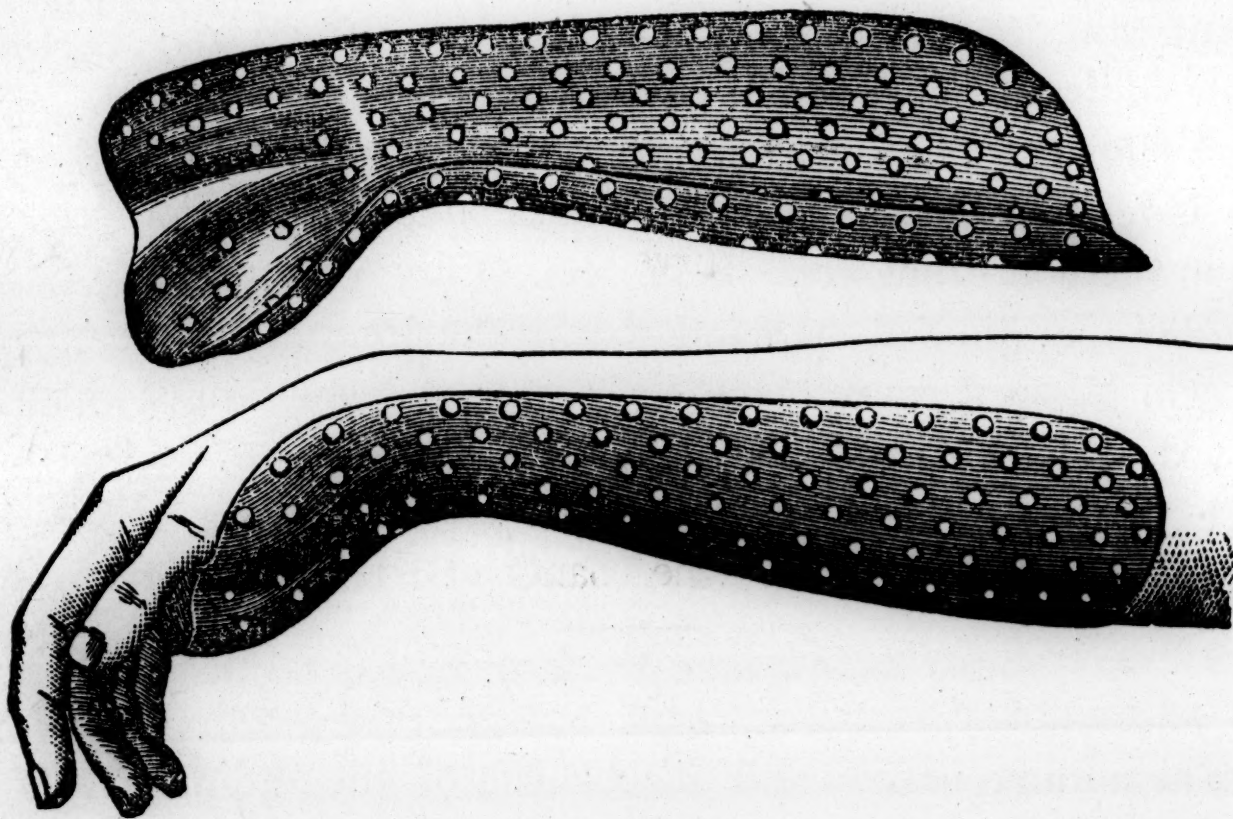
In the usual and very characteristic fracture of the carpal end of the radius the primary line of the fracture is, with little tendency to deviation, *transverse* in direction. Associated lines of fracture are generally those of comminution of the lower fragment, and are caused by the upper fragment being driven vertically into it and splitting it, usually in directions towards its articular surface.

The displacement of the lower fragment is towards the dorsal aspect of the forearm, and its articular surface is inclined in the

same direction, abnormally presenting backwards and upwards.

The mechanism of the fracture is its production by falls upon the palm of the hand, which, with the carpus, undergoes extreme extension, and the fracture is caused by an *act of leverage* or *transverse strain*. This direction of force has also been called *cross-breaking strain*.

In this fracture, actual displacement of the lower fragment may not exist at all, or it may be to the extent of complete separation from contact of the broken surfaces, varying with the amount of force applied and with the retaining influence of the surrounding dense structures.



The first essential in the treatment of fracture of the lower end of the radius is *the complete reduction of the displacement*. The action of replacement must be directed to the lower fragment itself. The reduction of the fracture can usually be thoroughly effected, under anæsthesia, by *strong extension applied to the hand, associated with forced flexion of the wrist, and with pressure applied directly on the dorsal surface of the lower fragment*. Unless vertical splitting or comminution of the lower fragment exists, the maintaining of partial flexion of the wrist, with pressure of a pad on the dorsal surface of the fragment, will prevent return of deformity.

With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial curvature; and the fixing of the thenar and hypothenar eminences of the hand in their molded beds, maintains the splint immovably in its correct position with reference to the radial curve.

To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due the frequent unfortunate sequences of this fracture.

The splint is made of copper, so as to be readily conformable by bending to suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation.

The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woolen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two and a half or three inches wide, is all that is necessary.

This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very inexpensive.

[These splints are sold by Mr. J. Elwood Lee, Coshocken, Pennsylvania, at one dollar each.—ED.]

OUR CHOICE OF ANESTHETICS.

The *Canadian Practitioner* has the following able editorial on this momentous subject:

There has not been anything like a consensus of opinion in the past in deciding which is the best of the anesthetics now available; but the results of experience have enabled us to do away with much of the vagueness that has existed, and formulate somewhat fixed and definite rules.

Chloroform was long the general favorite. Its great advantages consist in its agreeable odor, the small quantity required, its non-inflamability, and convenience of administration. Unfortunately it sometimes destroys life, and the number of its victims during the last few years include some hundreds, a large proportion of such sad accidents having happened during its administration in comparatively trivial cases, such as opening abscesses, extracting teeth, etc.

Ether has to a large extent replaced chloroform. Although it is less agreeable, less convenient of administration, still its greater safety, which is now pretty generally conceded, has compelled the profession to forgo the slighter advantages connected with the more pleasant chloroform, and use ether in the majority of cases.

Bichloride of methylene has been most highly recommended by Sir Spenser Wells; who has used it in over a thousand operations. Others have supported Sir Spencer in his testimony of its safety and efficiency, but for some reason it has not, nor is it likely to, come into general use. One drawback is that it requires a special apparatus and some skill in its administration. In addition to this, the idea of its perfect safety is exploded by the fact that it has caused death.

We are inclined to accept as an established fact that ether is the best and safest anesthetic for general use; and if we could add that it should be employed in all cases where anesthesia is required, the question would be finally and satisfactorily settled. Unfortunately, however, this simple solution is not feasible, as it has been found that in certain cases ether is less safe than chloroform. In comparing the two we find that under ether the

dangers arise from embarrassment of respiration, while under chloroform they are from syncope. In cases where there is any tendency to bronchial catarrh, especially in the old, ether is both unpleasant and unsafe, while chloroform is well borne. Again, in cases of disease of the kidneys it has been pointed out, especially by Tait and Goodell, that ether tends to suppress the action of these organs, and consequently chloroform, or a mixture of the two, is safer. The proper administration of chloroform to young children and women in labor is remarkably safe, and by common consent it is used when considered necessary in these patients. Even in parturient women, however, it is well to remember that under certain conditions, after the system is worn out by a painful and tedious labor, and great fear exists, ether is safer for obstetric operations.

Many combinations have been used with a view to greater safety. Among these are mixtures containing alcohol, chloroform and ether, in various proportions (one of the most common being the "A. C. E." mixture); ether and chloroform, Mr. Tait strongly recommending two parts of ether to one of chloroform; turpentine and chloroform; Sanford's mixture of one pound of chloroform and two drachms of nitrite of amyl. Others have applied hypodermic injections of morphine, or morphine combined with atropine (say morphine 1-12 1-6 gr. and atropine 1-120 1-60 gr.) before giving the chloroform.

It should be distinctly understood that in speaking of safety in the administration of any of these agents, or combinations, we used the word purely in a comparative sense, as absolute safety in the production of profound anesthesia does not exist. There is in every case danger to life, and every minute of the continuance of the unconscious condition adds to such danger. Both principal and assistants should recognize this very important fact. The man who administers the anesthetic should have nothing else to do, and should confine his attention to his own work and not the operation. The surgeon should have everything in readiness, and in its proper place beforehand, and should refrain from everything beyond his legitimate work which will consume precious moments, whether it be imparting clinical instructions, swearing at assistants, engaging in ordinary conver-

sation, or, (as not unseldom happens) perpetrating jokes which on their merits are generally most execrable, and are always in exceeding bad taste.

We will summarize by giving certain rules as follows:

1. In ordinary operations give ether, or a combination of two parts of ether and one of chloroform.
2. Give chloroform where there is disease of the kidneys or a tendency to bronchitis.
3. Give chloroform to young children.
4. Give chloroform in ordinary cases of labor when required.
5. In cases of labor where the patient has become much exhausted, and is in great fear, give ether in performing necessary obstetric operations.
6. Never give chloroform to a patient in a dentist's chair, or not in the recumbent position.
7. Do not keep a patient under an anesthetic one minute longer than is absolutely necessary.
8. Let the administrator of an anesthetic attend carefully to his own work, and nothing else.—*Medical Review*.

